



REQUEST TO CANCEL MY CERTIFICATE OF REGISTRATION

Name: _____ Registration # _____

(Print clearly)

I wish to cancel my certificate of registration with the College of Occupational Therapists of Ontario and I declare that I will not be practising and/or using the title of Occupational Therapist (OT) in Ontario after **May 31, 2009**. I understand that it is my responsibility to contact the College to obtain a certificate of registration prior to resuming practice or using OT title in Ontario. I understand that I will be subject to the registration requirements at the time of my application.

Please indicate the reason for cancelling your certificate of registration:

- Leaving the country
- Leaving the province
- Leave (on leave of absence from practising in the profession)
- Changing profession (leaving OT profession for another profession)
- Return to School
- Retiring (no longer part of the labour force)
- Other

Last day of employment: ____/____/____

Signature: _____

If you request to cancel your certificate of registration during the annual registration renewal period (April 1 – June 1), your certificate will be rendered inactive effective May 31st.

Fax completed form to
Registration: 416.214.0851